

**The North Carolina Division of Social
Services
Family Support & Child Protective
Services
2005
Multiple Response System
Policy and Practice Manual**

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<i>MULTIPLE RESPONSE IS CHILD WELFARE REFORM...</i>	
<i>Through the application of family centered principles of partnership...</i> (Everyone desires respect - Everyone needs to be heard - Everyone has strengths - Judgments can wait - Partners share power - Partnership is a process)	
<i>...throughout implementation of MRS's seven strategic components...</i>	<i>...demonstrated by:</i>
Collaboration between Work First and Child Welfare	Reducing the number of times family members need to repeat the same information. Involving Work First as a preventative effort, and reducing the number of children needing CPS and placement services. Preventing recidivism by providing on-going services through Work First.
Strengths based structured intake	Respectfully allowing reporters to be heard, supported, and encouraged while improving the quality and consistency of information gathered through highly structured intake procedures that focus on family strengths in an effort to ensure the safety of children
Choice of two approaches to reports of child abuse, neglect, or dependency	Protecting the safety of children in the most severe cases by not treating all reports in the same way, and missing some clear need for immediate action. Engaging some families in services that could enable them to better parent their children. Not overlooking vital information about the strengths of the family, the supports they have, and their motivation to change. Better serving many of the families reported to CPS in ways that focus more on helping rather than "punishing" them.
Coordination between law enforcement agencies and child protective services for the investigative assessment approach	Achieving joint efforts in interviewing and ensuring safety of families and children. Ensuring an effective working relationship. As a result, perpetrators will be held accountable for harming children; the number of interviews children experience will be reduced, preventing / reducing retraumatization; and, the evidence process for criminal prosecution will be enhanced.
Redesign of CPS In Home Case Planning And Case Management Services	Providing the most intensive services and contacts to families with the greatest needs, while those with fewer needs receive less intensive services/contacts. Delivering services within the context of the family's own community and culture. Social workers better identifying risks in their work with families. Having the option of receiving supportive/voluntary services available for families where there is a low risk of harm. Engaging families in the planning process, and producing better outcomes of safety, permanence, and well-being for children.
Child and Family Teams during the provision of CPS In Home Case Planning And Case Management Services	Improving the decision-making process. Encouraging the support and buy-in of the family, extended family, and the community in the planning and assessment process. Developing specific, individualized, and appropriate interventions for children and families. Recognizing the birth family as an expert.
Shared Parenting meetings during the first 7 days of placement out of the home	Keeping the family of origin actively involved in their role as parents of their child. Cultivating a nurturing relationship between the birth parents and the foster parents. Foster parents becoming mentors for the birth family regarding appropriate parenting.

Legislative History

North Carolina's Multiple Response System (MRS) Pilot Project was mandated by the North Carolina General Assembly through the enactment of Session Law 2001-424, Senate Bill 1005, Appropriations Act of the General Assembly. The legislation required the Department of Health and Human Services, Division of Social Services to develop a plan working with local Departments of Social Services, to implement an alternative response system of child protection in no fewer than two and no more than ten demonstration counties in the state. The law became effective July 1, 2001 and enabled the implementation of an alternative response system in which local Departments of Social Services were authorized to utilize family assessment tools and family support principles when responding to selected reports of suspected child neglect. The law also mandated that the Department of Health and Human Services develop data collection processes that would enable the General Assembly to assess the impact of the demonstration project on issues including child safety, timeliness of response, timeliness of service, coordination of local human services, cost-effectiveness, and any other related issues. The General Assembly specifically required that no state funds be identified for the purpose of implementing the project.

Session Law 2002-126, Senate Bill 1115, Modification to Appropriations Act of the General Assembly expanded the scope of the demonstration project to include suspected reports of dependency, as well as those of neglect, among those that may be responded to through the demonstration project. The legislation required the Department of Health and Human Services to provide the General Assembly with a report no later than April 1, 2003, on activities conducted in the demonstration project. This law became effective July 1, 2002.

Session Law 2003-284, House Bill 397, 2003 Budget Act required the Department of Health and Human Services, Division of Social Services to continue working with local Departments of Social Services to implement an alternative response system of child protection in no fewer than 10 and no more than 33 demonstration areas in the state. It allowed for the Division to exceed the maximum number of demonstration areas if a county specifically requested inclusion and the Division determined that resources were available. It required that the demonstration projects in place during the 2003-2004 fiscal year continue. It also required that the alternative response system provide for a family-centered approach to CPS in which local Departments of Social Services utilize family assessment tools and family support principles when responding to selected reports of suspected child neglect and dependency. The special provision language included a requirement to continue the evaluation of MRS to determine its impact on child safety, timeliness of response and service provision; and, the level of coordination of local human services agencies. The Act required that the Department of Health and Human Services report on the outcome of the evaluation to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division not later than April 1, 2004. Any recommendations for statewide implementation of an alternative response system to child protective services or

statutory changes required for full implementation must be included in the report. These will be eligible for consideration by the 2003 General Assembly in the 2004 Regular Session. The General Assembly again specifically required that no state funds be identified for the purpose of implementing the expansion of MRS. HV 397 went into effect July 1, 2003.

Senate Bill 421, 2003-2004 Session Law, Act to Amend Child Welfare Laws made clarifying and substantive changes to Chapter 7B that impacted MRS and family-centered practice, as well as all child welfare programs. One revision to the statute specifies that the director or director's designee may not enter a private residence for investigation purposes without at least one of the following:

- the reasonable belief that a juvenile is in imminent danger of death or serious physical injury,
- the permission of the parent or person responsible for the juvenile's care
- the accompaniment of a law enforcement officer who has legal authority to enter the residence, or
- an order from a court of competent jurisdiction.

A second change made was to N.C.G.S.131D-10.6A(b) and concerned the both the initial and ongoing training of social workers. The statute was amended to specify that each child welfare social worker must receive training on family centered practices and state and federal law regarding the basic rights of individuals including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent. All changes were effective July 4, 2003 and apply to actions commenced on or after that date.

During the 2004 session of the 2003 General Assembly, the House of Representatives convened the House Interim Committee On Child Abuse and Neglect, Foster Care, and Adoption. Its members were charged to conduct a study of child abuse and neglect in North Carolina, and determine how they might be better protected. The Committee was required to report the results of its study to the House of Representatives on or before April 15, 2004. The issues considered by the Committee were:

- The efficacy, structure and operation of the child protective services system as compared to similar systems in other jurisdictions.
- High social worker turnover rates and their causes and effects on child protective services.
- Improving the sharing of information between county Departments of Social Services and between county Departments of Social Services and other governmental agencies.
- Improving computer systems to process and track child protective services cases.
- The ability of the child protective services system to access the criminal records of individuals who are being investigated for child abuse or neglect.

- The statutes relating to the protection of children and child guardianship, including specifically Subchapter 1 of Chapter 7B of the General Statutes.
- The coordination of efforts between and among governmental agencies in investigating abuse, neglect, and dependency and child deaths.
- Improving risk assessment by and training of social services workers.
- The work, findings, and recommendations of the House Select Committee on Domestic Violence

In its report, the Committee strongly supported the MRS and recognized the need for additional funding to fully implement its family-centered reform. The Committee recommended that the Appropriations Committees of the General Assembly make funds available to create new, additional CPS social worker positions to reduce caseloads and lead Child and Family Team Meetings, provide for continued program evaluation, and assistance in support roles as needed.

**The full report may be accessed on-line at
<http://www.ncga.state.nc.us/LegislativePublications/studyreportstot2/childabuseandne/childabuseandne.pdf>.**

As a result, Session Law 2004-124, House Bill 1414, 2004 Appropriations Act provided \$4,000,000 in state funds and another \$1,000,000 in Temporary Assistance for Needy Family Block Grant Funds for local counties to hire additional CPS staff. The Appropriations Bill also provided \$750,000 to the Division for additional MRS program support and training to the local counties.

Session Law 2005-55, House Bill 277, An Act to Establish Child Assessment Responses was signed by Governor Michael Easley on May 23, 2005. The Act made technical corrections to provide consistency in language throughout the statutes when reference is made to the MRS options of a director of social services in response to a report of abuse, neglect, or dependency. The changes statutorily defined the terms necessary for the statewide implementation of the MRS of responding to child abuse, neglect, and dependency reports; while recognizing the authority of the Directors of county Departments of Social Services to determine which assessment response any specific neglect or dependency report may be assigned to. It also eliminated the statutory requirement that a visit to the place where the child resides be made during CPS assessments of non-residential child care facilities. It required the Department of Health and Human Services to continue evaluation of the MRS and its impact upon child safety, timeliness of response, timeliness of services, and coordination of local human services. The Department was required to report the status of the evaluation to the Legislative Study Commission on Children and Youth, the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division before the convening of the 2006 Regular Session of the 2005 General Assembly. The Act became effective October 1, 2005.

Session Law 2005-276, Senate Bill 622, 2005 Appropriations Bill supported the expansion and support of MRS by providing funding for the School Based Child and Family Team Initiative. This initiative is intended to identify and coordinate appropriate community services and supports for children at risk of school failure or out of home placement. It established the use of Child and Family Team Meetings in all cases of children with identified needs that put them at risk of school failure or out of home placement. The budget bill also required the continuation and expansion of the MRS. This expansion was supported in the budget bill by the appropriation of an additional \$2,000,000 in state funds for county Departments of Social Services to hire new CPS social workers.

Family centered practice is a core component of the MRS. Legislation enacted by the General Assembly serves to heighten the capacity of agencies to provide family-centered protective services to children and their caretakers. None of the legislative revisions changes the practice of family-centered protective services. Legislation supports social workers as they conduct necessary interviews and contacts with children and families during the course of an assessment of valid allegations of child abuse, neglect, or dependency.

Family-Centered Practice in MRS

The foundational philosophy of the NC Multiple Response System (hereinafter MRS) is family-centered practice. The six family centered principles of partnership are:

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

The underlying beliefs of a family-centered approach to child welfare are as follows:

- Safety of the child is the first concern.
- Children have the right to their family.
- The family is the fundamental resource for the nurturing of children.
- Parents should be supported in their efforts to care for their children.
- Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.
- Families who seem hopeless can grow and change.
- Family members are our colleagues.

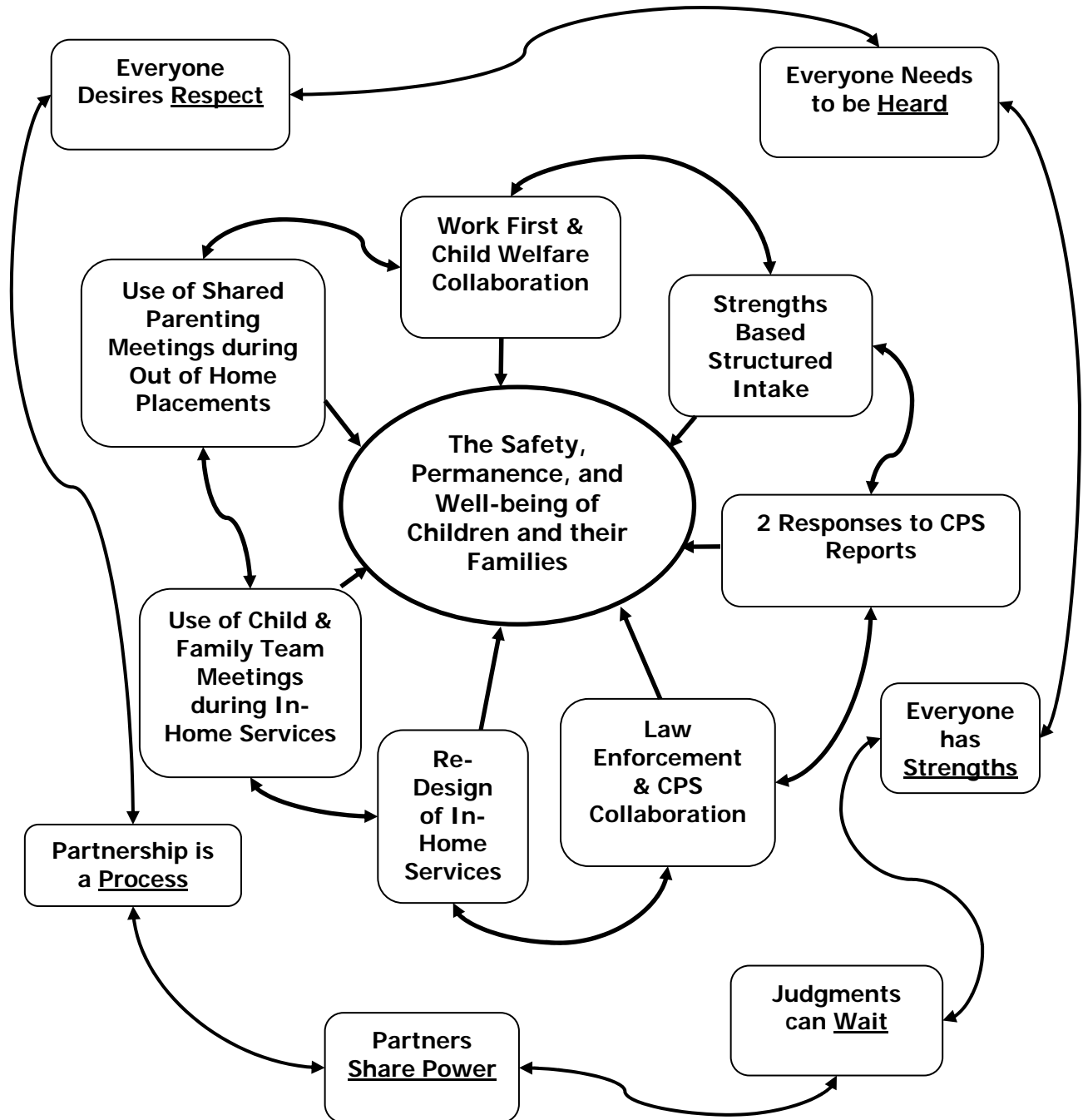
- It is our job to instill hope.

The principles of family-centered practice reflect the belief that the family is its own primary source of intervention and determines who its members are. The family is viewed as a system within a larger social and environmental context. As a result, interventions focus on accessing the family's immediate and extended community through needs assessment, resource identification and service delivery. Family-centered practice respects the family's right of self-control and capabilities, and assumes they have the capacity to grow and change when provided the proper supportive interventions. Family-centered practice extends into the provision of placement services by involving the family in developing and implementing a plan for reunification, partnering with the foster family in temporary placement, and if necessary, working to preserve the child's placement in a new, permanent adoptive family. Family-centered practice develops strengths, enhances potential, and empowers families to identify and resolve their own problems. The application of family-centered principles of partnership throughout the 7 strategies of MRS allows agencies to achieve safe, permanent, nurturing homes for children.

The 7 strategies of MRS are:

- Collaboration between Work First and child welfare programs
- Implementation of a strengths-based, structured intake process
- A choice of two approaches to reports of child abuse, neglect or dependency
- Coordination between law enforcement agencies and child protective services for the investigative assessment approach
- A redesign of in-home services
- Utilization of a team-decision making approach in Child and Family Team meetings
- Implementation of Shared Parenting meetings in placement cases

The goal of MRS is to ensure the safety, permanence, and well being of children and their families through the integration of family centered practice throughout all family support and child welfare services.



Definitions

The definitions section of G.S. 7B-101 and of Volume I, Chapter VIII, Section 1408 of the current North Carolina Division of Social Services Family Services Manual shall apply to the MRS unless specifically noted in this policy section.

- **“Child and Family Team Meeting”** means a group of persons identified by and with the family who are committed to the child and family and are invested in helping them change.
- **“Collateral Information Sources”** means any individual or agency who knows the child and family situation well enough to provide the agency with information, insight, or advise on how best to serve them and provide for the child s safety. These people are not viewed as simply character references .
- **“Family Assessment Response”** (7B-101.11a) means a response to selected reports of child neglect and dependency as determined by the Director using a family- centered approach that is protection and prevention oriented and that evaluates the strengths and needs of the juvenile's family, as well as the condition of the juvenile.
- **“Family Centered Meeting”** means an intentional planning and decision-making process that engages parents and caregivers, along with children, extended family members, family friends, community partners, and other service providers, as partners with social workers to apply the principles of family centered practice to group decision making.
- **“Family Member”** means any member of the household that can ensure the safety of the child.
- **“Family Support Services”** means any one, or combination of, a group of interrelated voluntary assessment, prevention, education or treatment services and activities designed to enhance parents abilities to become self-sufficient and care for their children. The DSS or any other community agency or service provider may provide them.
- **“Intake”** means the process used to determine the appropriate level of intervention upon receipt of a report of child abuse, neglect, or dependency. The information gathered in this process is recorded on the Division s Structured Intake Form (DSS-1402)
- **“Investigative Assessment Response”** (7B-101.11b) A response to reports of child abuse and selected reports of child neglect and dependency as determined by the Director using a formal information gathering process to determine whether a juvenile is abused, neglected, or dependent.

- **Multiple Response System (MRS)**” means the system through which North Carolina will accomplish a profound reformation of its family support and child welfare services. The reformation is based upon the practical application of family centered principles of partnership through seven strategic components.
- **“Report”** means any information or allegation of child abuse, neglect, or dependency made orally, by telephone, or in writing, pursuant to 7B-301, 305, 306, 307, 308, 500 of the N.C. General Statutes.
- **“Structured Decision Making Tools”** means the 1) Safety Assessment (DSS-5231), 2) Family Risk Assessment (DSS-5230), 3) Family Strengths and Needs Assessment (DSS-5229), 4) Case Decision Summary (DSS-5228), 5) Risk Re-Assessment (DSS-5226); and 6) Reunification Assessment (DSS-5227).

The use of the Structured Decision Making Tools shall continue to be guided by the Division’s existing CPS policy addressing Structured Decision Making. Social workers should refer to the instructions attached to those documents for details concerning their completion. The Structured Decision Making Tools and instructions for their use may be accessed on the Division’s web site:

<http://info.dhhs.state.nc.us/olm/forms/dss/>

Work First and Child Welfare Collaboration

Collaboration between Work First and Child Welfare reduces the number of times family members need to repeat the same information, involves Work First as a preventative effort, reduces the number of children needing CPS and placement services, and prevents recidivism by providing on-going services through Work First.

Collaboration between Work First and child welfare is essential because the two service areas share many of the same client families and address many similar family situations. Issues such as poverty, substance abuse, homelessness, mental illness, domestic violence, lack of education, and family instability regularly present as contributing factors in a significant number of CPS cases. Many children enter kinship care as a result of circumstances that could justify child welfare involvement and have extensive physical, emotional, developmental, and educational needs. Some children also enter kinship care as a result of identified CPS safety issues in their homes and the need for a safe place to stay while those safety issues are being resolved.

In order to ensure that children are safe, live in permanent families, and are healthy it is necessary that the DSS deliver and package its services in a manner that reflects the strengths and needs of all families. To accomplish this, county agencies should begin to integrate services that provide an alternative to dependency, promote employment, and support the protection of children and adults. This requires interaction, dialogue, and collaboration with all staff in the agency, beyond a simple referral. It is crucial, therefore, to establish intra-agency protocols which promote communication and result in a true blending of family-centered family support and child welfare services.

The mutual and supporting activities of Work First and child welfare services combine to fulfill the Division's mission, which is to:

- ensure that children and adults are protected from abuse, neglect, and exploitation;
- enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment if possible;
- strengthen family life in order to nurture our children so that they may become productive, healthy, and responsible adults;
- assist disabled and dependent adults, while ensuring they live in the most independent setting feasible with the least possible intrusion from public agencies; and
- ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life.

Both Work First and child welfare services stress the importance of personal responsibility, community collaboration, and assessment. They also share the belief that families are capable and will succeed in their efforts to become self-sufficient and to provide safe, permanent and nurturing care for their children. To accomplish this both services refer families to other services in the community.

Services that may be provided through Work First include enabling eligible families to participate in a wide range of activities that will prepare them to seek and retain employment or enrich their family's life, including, but not limited to:

- Short Term Financial Assistance
- Short Term Housing
- Education (ABE, HS, GED & ESL)
- Job Search
- Skills Training
- On-the-Job Training
- Job Readiness
- Child Enrichment Activities
- Various Counseling Activities
- Parenting Skills
- Transportation

- Child Care
- Work-related Expenses
- Domestic Violence Services
- Case Management
- Child and Family Enrichment, and
- Substance Abuse Support (substance abuse screening is a requirement of the application process)

To enhance the collaboration between Work First and child welfare services agencies should conduct self-evaluations to maximize collaborative services. Agencies should then establish a protocol for how the two services will collaborate with one another. Suggested methods of collaboration include, but are not limited to:

- Developing and maintaining a method of accurately knowing which families are in one another's caseloads
- Using one another as collateral contacts
- Attending staff meetings concerning mutually served families
- Attending one another's SUCCESS and Child & Family Team Meetings
- Combining SUCCESS and Child & Family Team meetings into one family-centered meeting that meets the needs of the families as well as both service areas.
- Making joint visits to the homes of families
- Maintaining regular communication between social workers
- Being mutually involved to create complimentary plans that help the family obtain its goals
- Involving Work First prior to child welfare's first contact with the family
- Constantly considering which service would be the most appropriate provider (case manager) for the family
- Checking mutual histories with the family upon first contact
- Cross training staff in each program area
- Re-organize to place both service areas under the same agency administration.

The Division's Work First Manual on-line at
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/index.htm>.

The Work First manual contains information staff from child welfare units may find very helpful to them in their work with children and families. Questions concerning it should be directed to the Work First staff members of their agencies.

Structured Intake

A strengths-based, structured intake process respectfully allows reporters to be heard, supported, and encouraged while improving the quality and consistency of information gathered through highly structured intake procedures that focus on family strengths in an effort to ensure the safety of children.

The Division of Social Services Family Services Manual, Volume I, Chapter VIII, Section 1407 applies to all counties implementing the MRS. This material was effective statewide 6/1/03. All current state laws and rules apply. The intake process does not change. Consultation with the NC Division of Social Services child welfare attorneys has made it clear that it is not appropriate to conduct what is commonly known as extended intake. Making contact with anyone other than the reporter before the initial screening decision is made, is a violation of family privacy and integrity and would be misleading to the individuals contacted to obtain the additional information.

Examples: When a physician is contacted, he or she should be told that the agency *has received* a valid CPS report that allows for the sharing of information and he or she is protected from any liability. According to federal law, the school systems are prohibited to share information, unless the agency has a valid CPS report. Seeking additional information to determine if the agency has a valid CPS report is not allowable. If the CPS report is screened out, the agency can provide Family Support Services to these families at its option.

The intake worker shall use Division's Structured Intake Form (DSS-1402) to document information about the report of suspected abuse, neglect or dependency. The intake worker and supervisor will determine the appropriate CPS assessment response. The intake decision not only determines if there is a valid CPS report but also which assessment response the assigned social worker will utilize, initiation response times and prioritization. The two assessment responses are the family assessment response and investigative assessment response. The intake worker and supervisor must sign the completed intake form. All children living in the home, regardless of assessment response, are to be included in the CPS assessment.

Nothing in MRS will take the place of the professional judgment of the intake worker and intake supervisor in that a report that is statutorily considered neglect may be still assigned to the investigative assessment response. The Directors of the county Departments of Social Services will determine to which CPS assessment response valid reports of neglect and dependency will be assigned.

During the intake process, the social worker will explain the crucial role that collateral information sources have in the agency's possible future service provision to the child and family to the reporter and ask if any collateral contacts can be identified. All

collateral information sources identified by the reporter will be documented on the structured intake form. The reporter should be informed that the agency will be contacting the individuals or agencies named as collateral information sources during the CPS assessment process.

When a report meets the statutory criteria of a valid CPS report, the local department of social services must determine whether to approach the family using either the family assessment response or investigative assessment response.

There is nothing in MRS that allows an agency to screen out a report that meets the statutory criteria of a valid CPS report and offer support services in place of CPS.

There is also nothing in MRS that allows an agency to initiate CPS using a family assessment response because the allegations would make it a good MRS case when, in fact, the report does not meet the statutory criteria of a valid CPS report. In all cases, the report must be screened based upon the allegations of the reporter, and if true, meet the statutory criteria of a valid CPS report. Regardless of the assignment to either CPS assessment response, the agency has a valid CPS report, and is mandated by law to take action to ensure the safety of the child through the provision of protective services.

MRS policy retains all the statutory requirements of N.C.G.S. 7B-302 to provide notice to the reporter; and, 7B-307 to report evidence of abuse and neglect to law enforcement and the Department of Health and Human Services as appropriate. The county Departments of Social Services will also continue to hold all the information they receive, including the identity of the reporter, in the strictest confidence as required by N.C.G.S. 7B-302.

Assignment of Reports for Assessment:

MRS allows county Departments of Social Services to respond differentially to reports of neglect and dependency. Counties *are not allowed* to respond differently to reports of abuse, abandonment and other special types of reports. It encourages local departments to formalize agency and community relationships that offer assistance and intervention to families at risk of child abuse and neglect. The system recognizes the need for more formal agreements with local law enforcement and the district attorney that support a joint response to the most serious child maltreatment reports with county departments of social services. MRS also recognizes the role of the child advocacy centers in providing more immediate follow-up to reports of intentional child abuse, more efficient medical and mental health referrals, reducing the number of child interviews, increasing successful prosecutions, and providing consistent services and support for children and adults. MRS encourages Departments of Social Services to collaborate closely with their child advocacy centers in an effort to accomplish several positive outcomes. These outcomes may include:

- expanding their community's capacity to conduct effective forensic interviews of children,
- increasing multidisciplinary team training and collaboration,
- developing comprehensive community responses to child abuse,
- coordinating and tracking community investigative, prosecutorial, child protection and treatment efforts in child abuse cases, and,
- providing treatment and preventing trauma to abused children otherwise caused by multiple, duplicative contacts with different agencies and professionals.

The DSS shall petition the court and obtain non-secure custody orders whenever necessary to ensure the safety of all children regardless of the CPS assessment response (investigative or family assessment) used. Invocation of the court's authority and subsequent appointment of a Guardian ad Litem (GAL) are required by NC General Statute, and supported by MRS policy regardless of the approach. This is consistent with the 1st underlying principle of family centered practice, which is that the safety of the child is the first concern.

Choice of two approaches to reports of child abuse, neglect, or dependency protects the safety of children by not treating all reports in the same way, and missing some clear need for immediate action; engaging families in services that could enable them to better parent their children; focusing on the family's strengths, supports, and motivation to change; and, better serving many of the families reported to CPS by helping rather than "punishing" them.

The family assessment response will be appropriate for reports meeting the statutory definitions of neglect (with the exception of abandonment and some special types of neglect reports), and dependency if true according to N.C. General Statute 7B-101. These are reports that include allegations a juvenile:

- does not receive proper care from a parent, guardian, custodian, or caretaker,
- does not receive proper supervision from a parent, guardian, custodian, or caretaker,
- does not receive proper discipline from a parent, guardian, custodian, or caretaker,
- is not provided necessary medical care,
- is not provided necessary remedial care,
- lives in an environment injurious to his/her welfare,
- has been placed for care or adoption in violation of law,
- lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home,
- is in need of assistance or placement because he/she has no parent, guardian, or custodian responsible for the juvenile's care or supervision; or,

- whose parent, guardian, or custodian is unable to provide for the care or supervision and lacks an appropriate alternative child care arrangement.

Reciprocal (conflict of interest) CPS assessments may be assigned as family assessments if the neglect or dependency allegations do not involve a child in the custody of a local DSS, family foster home, residential facility, or child care situation.

All reports (regardless of the allegations) involving allegations concerning a child in the custody of a local DSS, family foster home, residential facility, or child care situation must be assigned to the **investigative assessment response**, and completed according to existing CPS policy. This may include, but not be limited to, sections 1408 (Receiving and Assessing Reports of Abuse, Neglect, or Dependency), 1410 (Conflict of Interest: Reciprocal County Protocol), 1416 (Investigative Assessment in Out-of-Home living Arrangements), and 1418 (Investigative Assessments in Child Care Facilities).

Nothing in MRS will replace the professional judgment of the intake worker and intake supervisor in that a report that is statutorily considered neglect or dependency may still be assigned as an investigation. The county has discretion to decide to which assessment response selected neglect and dependency reports will be assigned.

The investigative assessment response will be appropriate for reports that contain allegations meeting the legislative definition of abuse according to N.C. General Statute 7B-101, as well as special types of neglect reports. These are reports that include allegations a juvenile s parent, guardian, custodian, or caretaker:

- creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in G.S. 14-27.2; second degree rape as provided in G.S. 14-27.3; first-degree sexual offense, as provided in G.S. 14-27.4; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the

prostitution of the juvenile as provided in G.S. 14-190.18; and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1;

- creates or allows to be created serious emotional damage to the juvenile; or,
- encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

The special type of neglect reports appropriate for an investigative assessment response include cases in which the allegations include the existence of the following:

- a child fatality when there are surviving children in the family,
- a child in custody of local DSS, family foster homes, residential facilities, and child care situations,
- a child taken into protective custody by physician or law enforcement, pursuant to N.C. General Statute 7B-308 & 500
- the medical neglect of disabled infants with life threatening condition, pursuant to *Public Law 98-457 (Baby Doe)*
- a child hospitalized (admitted to hospital) due to suspected abuse/neglect
- abandonment
- the suspected or confirmed presence of a methamphetamine lab where children are exposed
- a child less than a year who has been shaken or subjected to spanking, hitting or other form of corporal punishment

Reassignment of Cases

The central point to remember is that each case should be assessed using the response that best ensures the child's safety, permanence and well-being.

No abuse, abandonment, or special type of report that remains as reported throughout the assessment may be completed as a family assessment. Reports with those allegations must be initiated using the investigative assessment response. The CPS investigative assessment may be switched to the family assessment response if it becomes obvious that it could have been assigned as such if the true situation was known at intake. Social workers involved in these cases should request the assistance of a co-worker who is familiar and comfortable with the family assessment response to aid in the completion of the assessment as necessary.

Any neglect or dependency report may be assigned initially and initiated as an investigative assessment. Any report initially initiated in the family assessment response may be switched to an investigative assessment if it becomes obvious it should have been assigned as such if the true situation was known at intake. Another example may be any instance in which the child's safety cannot be ensured through the use of the family assessment response. This may be due to lack of parental cooperation or changing circumstances. Social workers involved

in these cases should request the assistance of a co-worker who is familiar and comfortable with the investigative assessment response to aid in the completion of the assessment as necessary. Social workers should also remember to engage law enforcement and the District Attorney's office as appropriate at any point during the assessment if evidence is found that a child has been abused as defined by G.S. 7B-101.

Switching assessment responses during an assessment should not be done frequently or without a thorough discussion of the case between the social worker and the supervisor. All decisions to change assessment responses must be done with supervisory approval. Documentation in the record should also clearly show why such a decision was made, and how it helped ensure the safety of the child.

New Allegations Made During the CPS Family Assessment or Investigative Assessment

If new allegations are made which meet the statutory definition of abuse, neglect or dependency, the reports should be assigned based on the risk of harm, severity or safety concerns for the child. If the report is neglect and the agency is currently responding to a report of neglect on the family assessment response, this report can also follow the family assessment response. If the new allegations are abuse, the agency shall change its approach to the family and utilize the investigative assessment response. If the agency is currently responding to a report of abuse on the investigative response, and the report is neglect, the agency should continue on the investigative response. New allegations of dependency received shall be assigned to the family assessment response. New allegations will not be counted as separate reports, but must be responded to within the appropriate time frames and all individuals making the reports shall receive the required notices. Remember this means switching approach not staff.

Identical Allegations made During the CPS Family Assessment or Investigative Assessment

If the reports contain the same, exact information as that currently being assessed, the information is documented in the case record and is considered as part of the fact finding process of the current assessment or investigation. All individuals making reports shall receive the required notices.

Conducting Assessments of Abuse, Neglect, and Dependency:

The guidance and policy as stated in Administrative Letter: Family Support and Child Welfare Services #04-03; Dated August 5, 2003; Subject: 2003 Legislative Changes Impacting County DSS Policy And Practice shall be followed for all CPS assessments (family assessment responses and investigative assessment responses). The changes specifically effect when a social worker may enter a private residence or take photographs for assessment purposes. The applicable material is attached to this policy as Attachments 1 and 2. The full Administrative Letter and Policy Interpretation attachment may be accessed on line at http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/FSCW_AL0403.htm#P0_0

Family Assessment Response

The Family Assessment Response is a family centered approach based on family support principles and a much less adversarial approach to a CPS report. This approach is really "nothing about us, without us" from the family's perspective. It should cause one to think about how they would want to be treated if a CPS report was made on their own family. Families can be better served, and children protected, by focusing more on establishing a partnership with them and less on the authoritarian approach. The county DSS cannot change families, but if they are approached through an assessment that looks for their strengths, support systems, motivation to change, and supportive interventions, they will be more capable of providing safe care for their children. CPS staff and the family will develop true partnerships to ensure safety of the child and this is the goal of the Family Assessment Response.

1) Initial Contact with the Family

There is nothing in MRS that allows for the initiation time frame to be extended for family assessments. As it is the agency's responsibility to ensure the safety of the child, the social worker shall initiate face-to-face contact with the parents and child within 72 hours (depending on the determination of the prioritization of response by the intake worker and intake supervisor) of the report to begin conducting the family assessment. When the social worker is unable to initiate the contact within the prescribed time frame, there must be documentation in the case record describing the diligent efforts made and reasons why they were unsuccessful.

1st underlying belief of family-centered practice is that the safety of the child is the first concern. No child should be interviewed in such a manner that compromises his or her safety. *It is expected that a child will be interviewed in private if necessary to ensure his or her safety.*

The county DSS will decide with whom to initiate the family assessment based on the situation. The first recommended contact shall be with the parents. In many instances, the first contact will be with both parent and child.

There is nothing that prevents the social worker from interviewing the children alone. If this occurs, it will be important for the social worker to explain to the parents why a separate interview with the child is important.

If the CPS reports allege that the children have marks / injuries the social worker should observe the marks as a part of the Family Assessment. To remain as family centered as possible and ensure the parents are engaged in the family assessment, this may be best accomplished in the presence of the parents if the safety of the child is not compromised as a result.

CASES THAT INVOLVE ALLEGATIONS OF DOMESTIC VIOLENCE

In cases of domestic violence, family assessments are initiated by first contacting the non-offending parent / adult victim outside of the presence of the violent partner. At no time should the non-offending / adult victim be placed in danger by having to be interviewed, develop service plans, or meet with the perpetrator of violence against them. In cases of domestic violence the children also will not be interviewed in the presence of the violent adult. The collaboration between child protective services and law enforcement results in the expedient investigation and prosecution of anyone who inflicts intentional injury and violent acts upon children. MRS accomplishes this without compromising the safety of either the child or the non-offending / adult victims of domestic violence.

It is appropriate to use the family assessment response in cases that involve allegations/information of domestic violence as long as they meet the designated definitions of neglect and/or dependency. Certain aspects of the assessment are different in that the DSS never places the child or non-offending / adult victim in an unsafe position by forcing them to be in the presence of the perpetrator of violence.

Please see section 1409 of the North Carolina Division of Social Services Family Services Manual for more details.

During the initial contact, the social worker shall give the family a written explanation (e.g., a brochure) of the family assessment response. The social worker shall also verbally explain the MRS and the process of the family assessment.

During the initial contact, the social worker will conduct a safety assessment. The DSS-5231 Safety Assessment form will be used to document the assessment. If a child is not safe or found to be conditionally safe, the social worker shall develop the safety response with the parent or caregiver and any other safety resource identified to assure safety or shall file a petition for juvenile court intervention.

The instructions on the safety assessment form state that no signature is required unless there is a finding of conditionally safe or unsafe. No signature is required if no safety factors have been identified. This continues to apply in cases assigned as family assessments. It is also important to remember that in the practice of family centered social work asking the parents if they desire to sign off on the findings of an assessment that they willingly participated in is an appropriate method of maintaining their engagement in the assessment process. As such, social workers should ask parents to sign off on safety assessments that document no identified safety factors, and do not require a safety response if the parents desire to do so.

Just having an allegation does not warrant a safety response. Therefore it is not appropriate to document the existence of an allegation as a safety factor. During the social worker's assessment, the safety assessment is used to evaluate safety. If there is no information that indicates the allegation is valid it does not become a part of the safety response. Families are not to be coerced into signing documents simply because of allegations. Safety responses are used when it is determined there is evidence of safety issues, not merely allegations. If a social worker attempts to cover the waterfront with a blanket factor that simply lists the allegations and has families agree with a safety response, the commitment to family-centered practice is compromised, and families alienated. Social workers should think about how they would want a safety assessment completed on their families. Only identified safety issues should be addressed.

The Family Risk Assessment (DSS-5230) and Family Strengths and Needs Assessment (DSS-5229) must be completed prior to the case decision. In practice, social workers should introduce these forms to the family during the initial meeting while explaining the assessment process. This will allow the family to be fully informed about the assessment process and what information the agency will use to make the case finding. If a family informs the worker that it is their desire not to have the forms actually completed with them, the social worker will be able to use their knowledge of the tools as a resource to refer back to during the assessment or while explaining the case finding. Social workers should not force a family to have the forms completed in their presence merely to fulfill an expectation of policy, but this must remain the family's choice, not the social worker's. Another result of introducing the forms to the family early in the assessment process is that the social worker then has a greater capacity to "bring families along" as partners in the assessment and there is less opportunity for misunderstanding of any specific rating. For example, a family that has helped decide their level of parenting skills or characteristics, and informed of information received by the agency throughout the assessment, will not be surprised at a specific finding in those areas.

NOTE: If the agency responds to a neglect or dependency report using a family assessment response, and determines that there is clear evidence the allegations do not constitute neglect or dependency as defined in N.C.G.S. 7B-101, it can cease conducting that family assessment as long as the Safety Assessment, Risk Assessment

and Family Strengths and Needs Assessment reflect no issues of frequency or severity of maltreatment, no current safety issues and no future risk of harm.

2) Conducting the Family Assessment

Note that the MRS family assessment response allows social workers flexibility to meet the needs of specific neglect and dependency cases as determined by the county DSS director. Manual material provided below is intended to provide general guidance concerning family assessments, not to define the specific how to's for every case and family.

The information for the family assessment shall be based on face to face interviews with and/or observation of parents, caregivers, other household members, and children by the social worker, as well as pertinent collateral contacts. The Safety Assessment, Risk Assessment and Family Strengths and Needs Assessment shall document findings. There is still a need for case narrative to reflect interviews.

Contact with collateral information sources constitutes a vital component of a thorough family assessment. The social worker shall contact each of the collateral information sources named by the reporter during intake. The parent will be with the social worker when contact is made if the parent chooses, and if the safety of the non-professional collateral information source is not compromised as a result. If the social worker contacts the non-professional collateral information source, and that person expresses no concern for his/her own personal safety, the parent will be given the option of being present during the contact. It is expected that professional service providers and agencies will share their concerns about the family, with the family themselves. In those instances when the parent refuses, the social worker shall advise the parent that based on the concerns reported, the collateral will be contacted, and the findings reported and considered in the case decision. The social worker shall ask the family for collateral information sources during the family assessment. These should be people who are capable of providing reliable information concerning the child and family, not simply character references. The social worker shall contact all of the collateral information sources identified by the family prior to making a case decision.

3) Use of the Child Medical Evaluation Program (CMEP) / Child Mental Health Evaluation Program (CMHEP) During the Family Assessment

Medical and psychological resources, such as the Child Medical Evaluation Program (CMEP) / Child Mental Health Evaluation Program (CHMEP) must be utilized, as appropriate, as a component of a thorough family assessment. Social workers engaged in conducting family assessments must use professional judgment in determining when a CMEP/CMHEP evaluation is necessary. A CMEP/CMHEP evaluation should be considered if the social worker has questions about any of the following issues (This list is not intended to be all inclusive. There may be other instances in which a CMEP/CMHEP may be considered appropriate as part of the family assessment.):

- Significant delay in the child's developmental skills.
- Significant delay in the child's physical development.
- Unusual and unexplained lethargy or irritability.
- Untreated or inadequately treated medical conditions which have significant impact on the child's overall health or physical development.
- Children affected when one parent abuses the other,
- Child-on child sexual contact initiated as CPS for parental supervision issues, or,
- A child has received a non-serious injury from an unknown perpetrator.

Long-term effects of exposure to domestic violence on infants and toddlers include failure to thrive, listlessness, developmental delays, problems with attachment/trust, disruption in eating/sleeping routines. Long-term effects on pre-school children include aggressive acts, clinging, anxiety, cruelty to animals, and destruction of property. Long-term effects on children aged 5 to 12 include bullying, aggression, depression, anxiety, destruction of property, poor school achievement, and disrespect for females/sex role stereotyped beliefs. Long-term effects for adolescents aged 12 to 18 include dating violence, poor self-esteem, bullying, suicide ideation, truancy, alcohol/drug abuse, running away from home, and sudden decline in school attendance and achievement.

4) Family Assessment Time Frame

The family assessment shall be completed within 45 calendar days of the date of the report. If there is a delay in completing the family assessment, the reason for the delay shall be documented. Whenever a decision is made to extend the time to complete a assessment in the family assessment response, the family shall be notified promptly of the new extension, verbally or in writing. These notifications and the justification of the need for the additional time shall be documented in the case record.

Whenever any party is advised of the family assessment response time frame, verbally or in any written material, it shall be clearly stated that the expectation is for the family assessment to be completed within 45 days.

5) Case Decision/Completion of the CPS Family Assessment Response

The case decision for family assessments will be made using the Case Decision Summary-Initial Case Plan (DSS-5228 Revised 5/05) form and upon completion of the Safety Assessment, Risk Assessment and Family Strengths and Needs Assessment.

A finding of “services needed” shall be made if the answer to one or more of the questions on the Case Decision Summary-Initial Case Plan concerning frequency and severity of maltreatment, current safety issues, risk of future harm, and child in need for protective services is “yes”. There must be documentation to support the answers included on the case decision tool.

Only in unusual circumstances should a supervisor and staffing team change the indicated structured case decision. In those cases, the supervisor should complete the Rationale for Case Decision/Disposition to justify the change.

In determining severity of maltreatment, consideration should be given to the degree of harm, level of severity, extent of injury, egregiousness, gravity and the seriousness of maltreatment. In determining current safety, consider safety issues that exist at the time of making the case decision. If the decision of the Safety Assessment is Safe, and the findings of the Risk Assessment and the Family Assessment of Strengths and Needs are both Low, then the case would not be found services needed, unless there are unusual circumstances. In those cases as well, the supervisor should complete the Rationale for Case Decision/Disposition to justify the change.

If the answers to the questions on the Case Decision Summary are no, then the finding will be either services provided, protective services no longer needed, services recommended or services not recommended.

All findings are reported to the Central Registry System. In family assessments, findings of services needed shall be reported to the Central Registry with no perpetrator being listed. Case decisions of services provided, protective services no longer needed, services recommended or services not recommended will be entered with no perpetrator being entered. The case decision will be made by the social worker, the supervisor, and if applicable, the staffing team. The intent of the services recommended finding is to offer voluntary services to the family. Please note that when the risk rating is low, unless there are unusual circumstances (specifically a policy or discretionary override), the case decision will be services recommended or services not recommended. In this case the agency can walk away if the family declines services or the agency decides not to offer voluntary services at all due to a lack of need.

It must be remembered that a "successful family assessment is defined not only by whether the child was kept safe (although this is always the primary and chief concern) but also by the levels of engagement and partnership with the family the agency has maintained during the assessment. The best practice of this policy demands that families be fully informed and able to participate in every aspect of the assessment process. This includes involving them in the completion of all the forms used by the agency during the assessment process. In order to accomplish the goal of the family assessment response, social workers completing the Family Strength and Needs forms and Risk Assessment forms will complete them with the family prior to making a finding in the case. It naturally follows that the family will be offered the opportunity to also sign the forms. There is ample space on the forms for this, but no expectation for signatures.

The social worker will discuss the outcome of the family assessment with the family face-to-face after the case finding of services needed has been made. The family will also be notified in writing of the finding within 7 working days. If the case finding is for services provided, protective services no longer needed, services recommended or

services not recommended the family will be notified of such in writing within 7 working days.

Note: While this approach is family centered, the case decision is a decision that rest with the county department of social services. The family does not have equal decision-making powers. This is the only time in the MRS that families will not be present for decision-making purposes. The outcome of the case decision should not be surprising to the family, if the social worker has successfully implemented the Family Assessment Response.

6) Documentation

The social worker shall document and record all actions taken during the Family Assessment. Documentation is required because:

- The supervisor, subsequent or substitute social workers, or other reviewers must have documentation of all actions taken.
- All family assessment response records shall contain the required information, and shall be written so that the decisions made are documented, and would be understandable to another person reviewing it.
- The facts gathered by the social worker may be used if court action is needed.

The following documentation format is recommended for reports assigned as family assessments:

- Structured Intake Form (DSS-1402) and all required notices
- Safety Assessment (DSS-5231)
- Family Risk Assessment (DSS-5230)
- Family Strengths/Needs Assessment (DSS-5229)
- Case Decision Summary-Initial Case Plan (DSS-5228)
- Report to Central Registry / CPS Application (DSS-5104)
- Case notes to document interviews, observations and statements obtained during the Family Assessment Response
- Collateral Information
- Written notifications to reporters, parents, and perpetrators
- Correspondence
- Case decision notification to the family regarding the case decision.

7) Supervisory Review

The CPS supervisor shall review and sign-off on all reports assigned as family assessments to document the supervisor's concurrence with decisions and approval of documentation.

This review includes the Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment and Case Decision Summary.

8) Notifications to Reporters:

The notice to the reporter shall indicate that the case was assigned to the family assessment response. The notification will include information on the CPS Multiple Response System. The second notification to reporter will indicate when the family assessment was completed and the outcome.

Investigative Assessment Response

The county DSS may assign any valid CPS report (abuse, neglect, or dependency to the investigative assessment response if deemed necessary to ensure the safety of the child.

All reports alleging any type of abuse, abandonment, and any special type of report must be assigned as investigative assessments.

1) Conducting an Investigation

Investigative assessments will be conducted according to the current CPS investigation process. (See the Division of Social Services Family Services Manual, Volume I, Chapter VIII Section 1408, 1416, 1418, and relevant Administrative Letters). The MRS does not have the statutory authority to change how DSS investigates abuse. Current CPS investigative policy also applies to reporter and family notifications, time frames, documentation, Central Registry, etc.

All reports (regardless of the allegations) involving allegations concerning a child in the custody of a local DSS, family foster home, residential facility, or child care situation must be assigned to the **investigative assessment response**, and completed according to existing CPS policy. This may include, but not be limited to, sections 1408 (Receiving and Assessing Reports of Abuse, Neglect, or Dependency), 1410 (Conflict of Interest: Reciprocal County Protocol), 1416 (Investigative Assessment in Out-of-Home living Arrangements), and 1418 (Investigative Assessments in Child Care Facilities).

The Safety Assessment, Family Risk Assessment, Family Strengths and Needs Assessment and the Case Decision Summary-Initial Case Plan are to be completed according to the established CPS policy referenced above.

2) Coordination with Law Enforcement and District Attorney

Coordination between law enforcement agencies and child protective services for the investigative assessment response achieves joint efforts in interviewing and ensuring safety of families and children; ensures an effective working relationship; holds perpetrators accountable for harming children; reduces the number of interviews children experience; prevents or reduces the repeat traumatization of children; and, enhances the evidence process for criminal prosecution.

Current state law requires that evidence of abuse be reported to law enforcement and the district attorney. The investigative assessment response requires a close working relationship with law enforcement. Memoranda of Agreement need to be developed with the local law enforcement agencies to ensure an effective working relationship. The goals are to hold perpetrators accountable for harming children, to reduce the number of interviews for children, and to enhance the evidence gathering process for law enforcement.

As it is appropriate, agencies should include their child advocacy centers in these Memoranda of Agreement. Doing so ensures that each stakeholder agency communicates and collaborates with the others in as efficient manner as possible and supports the identification and provision of needed services to children and their families. Such communication and collaboration also strengthens the county criminal system's capacity to achieve timely arrests and prosecutions of those who intentionally harm children.

Case Decisions/ Findings

In the MRS, there are some restrictions regarding case decisions/ findings. There are five categories of findings:

- **Substantiate/ Unsubstantiate-** These decisions are appropriate for all *investigative assessments* conducted on CPS reports regardless of the nature of the allegations.
- **Services Needed-** This finding is appropriate for all CPS reports of neglect (with the exception of abandonment and the special types of reports) and dependency assigned to the family assessment response, where the safety issues and future risk of harm is so great that the agency must provide involuntary services to ensure the safety of the child. This finding must be made in every case the DSS believes the family must be involved with services (of any type, provided by any agency or individual) in order for the child to safely remain in the home. The DSS should ask itself the question "would the child be safe if the family ever becomes non-compliant with services?" If the answer to that question is "no," a services needed finding must be made, and the DSS must continue to provide

involuntary CPS in-home services. These are situations in which the safety and risk of harm is so great that you cannot walk away from this family without either providing services yourself, or monitoring those provided by another agency or provider. This finding will be reported to the Central Registry with no perpetrator information entered.

There may be instances during a family assessment that require the agency to file a petition with the Court in order to protect the child. The agency is not required to switch to an investigative assessment in these cases. A finding of services needed would be appropriate to document the safety and risk issues, and how they prevent the child from remaining safely in the home.

- **Services Recommended-** This finding is appropriate for all CPS reports of neglect (with the exception of abandonment and the special types of reports) and dependency assigned to the family assessment response, where the safety of a child is not an issue and future risk of harm is not an issue. These are cases that the agency could "walk away from" if the family should choose not to agree, continue to participate in, or otherwise fail to comply with any one or all of the recommendations made by the agency. This finding is not appropriate for cases in which the agency feels it needs to monitor compliance with the service recommendation due to safety or future risk of harm. It is also not appropriate to make this finding if the agency believes it would become re-involved in the family through CPS should information be received that the family had stopped receiving any recommended service. The agency may have begun "plugging" services into the family during the assessment or will make the recommendation for services at the point of the finding. The agency would document this finding for any service referral deemed appropriate to meet the family's non-safety connected need. The agency could use services codes 122 or 330 to provide services under this finding, if this is available and if the family agrees to the service. This finding is also used when the agency makes referrals to community partners, and does not maintain an open service case
- **Services Provided, Protective Services No Longer Needed** - This finding is appropriate for cases in which the safety of a child and future risk of harm are no longer issues because the agency had been successful in frontloading necessary services during the family assessment, and continued involuntary CPS supervision is no longer needed to ensure the child's safety. These are cases that the agency could "walk away from" if the family should choose not to agree with the recommendation it made. This finding is not appropriate for cases in which the agency feels it needs to monitor compliance with the service recommendation due to safety and future risk of harm. The agency would document this finding for any service referral deemed appropriate to meet the family's non-safety connected need. The agency could use services codes 122 or 330 to provide services under this finding, if this is available and the family agrees to the service. This finding is also used when the agency makes referrals to community partners, and does not maintain an open service case.

- **Services Not Recommended** - This finding is appropriate for cases in which not only is the safety of a child not an issue and there is no concern for the future risk of harm to the child; but also, the family has no need for other non-safety related services

Reporting Case Decisions to the Central Registry

In either the family assessment or investigative assessment response, all case decisions / findings shall be reported to the Central Registry using the DSS-5104 form (Central Registry / CPS Application).

All investigative assessment response case decisions must either be documented as substantiated or unsubstantiated .

- Reports to the Central Registry will be completed as they are done now, with perpetrators listed when the report is substantiated.
- Unsubstantiated cases may be recommended for voluntary services as appropriate.

All family assessment response case decisions must be documented with a finding of services needed , services provided, protective services no longer needed , services recommended or services not recommended .

- Reports to the Central Registry, but no perpetrator will be entered.
- No maltreatment code will be reported in field 23 of the DSS-5104.
- Findings of services needed will be reported in field 21 as 05, services recommended as 06, services not recommended as 07 and services provided, protective services no longer needed as 08 .

On the DSS-5027, 210 services (regardless of the assessment response) should be closed. 215 services will automatically open for cases substantiated or found to be services needed . 215 services must be closed on the DSS-5027 at the point services are terminated. Other services should be opened on the DSS-5027 as identified.

Access to Multiple Response System Records

The Division of Social Services will make provisions (to be determined) to collect data for evaluation of the Multiple Response System. County Departments of Social Services are currently required to register all reports of abuse, neglect, or dependency in the Central Registry. The data collected is used for statistical as well as individual tracking purposes. For evaluation purposes, data on family assessment cases will be kept to capture information about the response of the family, the types of services needed and provided, etc.

Case Transfer to County CPS In-Home Case Management and Case Planning Services

Regardless of the type and level of service to be provided, the social worker should see the family within seven (7) days of the case decision if involuntary CPS services are to be provided.

In MRS, it is highly recommended that the social worker that conducts the family assessment maintain (keep) the case throughout the provision of CPS In-Home Services.

It is understood that cases from the investigative assessment may be transferred to another social worker.

CASES THAT INVOLVE ALLEGATIONS OF DOMESTIC VIOLENCE

In cases of domestic violence, during the provision of in-home services, at no time is the non-offending / adult victim placed in danger by having to be interviewed, develop service plans, or meet with the perpetrator of violence against them. The children will also not be interviewed, or required to be in the presence of the violent adult.

In Home Family Services Agreement (DSS-5239)

Regardless of the type and level of service to be provided to families substantiated or found to be services needed, the In Home Family Services Agreement is the foundation for working with families. The In Home Family Services Agreement shall be completed within 30 days of a case decision when the finding was either a substantiation or finding services needed. It shall be updated at least every three months, whenever family circumstances warrant a change, and within 30 days of the removal of the child from the home.

Structured Assessment Tools

After a substantiation or a finding of services needed has been made, and the case is transferred or maintained by same social worker for In-Home Services, the Risk Re-Assessment (DSS-5226) and the Family Strengths and Needs Assessment (DSS-5229) shall be conducted to coincide with the timeframes established for the In Home Family Services Agreement. This should occur regardless of the type and level of In-Home Services provided.

Child and Family Teams and the Team Decision Making Approach

The use of Child and Family Teams during the provision of In Home Services improves the decision-making process; encourages the support and buy-in of the family, extended family, and the community in the planning and assessment process; develops specific, individualized, and appropriate interventions for children and families; and recognizes the birth family as an expert.

A Child and Family Team (CFT) is a group of persons identified by and with the family who are committed to the child and family and are invested in helping them change. The CFT utilizes a team decision making approach to improve the agency's decision making process; to encourage the involvement, support and buy-in of the family, extended family, and the community to the agency's decisions; and to develop specific, individualized, and appropriate interventions for children and families. The CFT recognizes and respects the family as the expert on its own children. This is a shift away from more traditional child welfare assessments and service planning, which all too often focused on parenting deficits, and often alienated the family. CFT genuinely engages families in the planning process, jointly develops specific safety plans for children at risk, and designs in-home or out-of-home services and supports for families. To ensure the permanency of the child the CFT is used throughout the life of his or her case, up to point the child is adopted and has achieved permanency.

The use of the team decision making approach is both a philosophy and a practice. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and problems better than that family. The team decision making approach is also a practice in that it describes the basic method by and through which DSS seeks to serve children and families.

The CPS social worker should engage the family and begin identifying team members early. This means that as soon as the first face-to-face meeting which is within 7 days of the case decision with the parents occurs, the social worker must begin to discuss the concept of the CFT and obtain input from the parents as to who they want on their team. Because one of the primary functions of the team is to provide support to the parents, it is critical that the parents invite persons who are significant to them. Most commonly, members of the team include: parents; the child (if age appropriate); other concerned family members; members of the community identified by the family as part of a support network; the facilitator; the social worker; any relevant service providers; and if the child is in care, the foster parents (or other care provider). The social worker and parents should work together and contact potential team members to explain the purpose of the team and invite them to the first team meeting.

Child and Family Team meetings ALWAYS include the family, and are structured, guided discussions with the family and other team members about family strengths, needs and problems, and the impact they have on the safety, permanence and well

being of the child. The meetings produce decisions regarding what action must be taken and/or what services are needed to assist a family to develop the capacity and capability to assure the child's health and safety and to meet the child's well being needs. The team will remain active with the family throughout the life of the case. At the time the team is being developed, its stability should be kept in mind and discussed with all members. While a stable composition is essential to the purpose of the team, it must also be recognized that the team's membership may have to change over the life of the care to meet the needs of the family. This team will become one of the family's primary support systems as they move toward their plan goals.

Child and Family Team meetings should focus on, and emphasize, how we can best involve families to examine their own unique situations and family systems, how they are related to their child's maltreatment, and what it will take to alter them to provide safe care for their children. They should be convened by the social worker to develop or update the In-Home Family Services Agreement, anytime a significant decision is to be made that impacts the child or family, or anytime there is reason to believe that there is a need to discuss a child's health, safety, or permanence. The Risk Re-Assessment and Family Strengths and Needs Assessment should be incorporated into every discussion with the team.

In all cases where the child is in foster care (or out of home placement), teams should meet prior to the child coming into care, prior to reunification,, and prior to any placement change. Team meetings should also occur timely in order to meet required time frames for permanency planning and other judicial reviews. Team meetings can also be used to serve the requirements for Permanency Planning Action Team Meetings. Team meetings should be convened by the social worker to develop or update the Out-of-Home Family Services Agreement, anytime a significant decision is to be made that impacts the child or family, or anytime there is reason to believe that there is a need to discuss a child's health, safety, or permanence. In placement cases, team meetings should continue until the child has achieved permanency.

It is best practice for trained facilitators that do not have caseload or supervisory responsibility for the case to facilitate the meetings. It is critical that experienced staff be chosen as facilitators. Facilitators outside the agency may be used as long as they understand the process and issues of developing safe and acceptable plans. In addition to managing the meeting, the facilitator models the respectful and inclusive process of the team decision-making model. The facilitator builds trust in the team process, making sure that all points of view are heard and that all participants understand what is being discussed. The facilitator encourages the team to generate creative ways to keep children safe and maintain family attachments, while building consensus among the group. Skilled facilitators help individual social workers see the team decision making process as a way to support their own work and as an active resource for their families. Facilitators must be able to find common ground among diverse individuals so they can focus the group on building the family's strengths, negotiating services, and developing safety plans.

In conducting team meetings, facilitators must assure that the meeting is **WITH** the family, not **ABOUT** the family. This means that agency staff (facilitators, social workers, etc) must consistently engage the family and seek their input, their ideas, and their commitment to the safety, permanency and well being of the child. Facilitators must do everything possible to assure that input and recommendations from others that might be involved in the meeting are presented in a manner that is helpful to, not condemning of the family.

At the same time, it is imperative that all safety issues and risk factors are thoroughly discussed in a straightforward manner. The Family Strengths and Needs Assessment will help facilitate a discussion about the strengths of the family. Social workers should always communicate openly and directly with the family, community support persons and service providers, (subject to the requirements of confidentiality). In doing so, full disclosure serves an essential therapeutic intervention purpose. It assures that no one involved in providing services to a child or family is surprised by any information about the family, or about any decision made or action taken to assure the child's safety, permanence or well-being. The family's participation is facilitated by honest dialogue at all stages of the case. Full disclosure models openness, honesty, and strength. It serves to reduce anxiety and frustration for family members and service providers, and creates an atmosphere of trust and predictability. Family members feel supported, respected and empowered, while perceiving the social worker as an advocate.

CPS In Home Case Planning and Case Management Services Provision

A redesign of CPS In Home Case Planning And Case Management Services provides the most intensive services and contacts to families with the greatest needs, while those with fewer needs receive less intensive services/contacts; delivers services within the context of the family's own community and culture; enables social workers to better identify risks in their work with families; allows social workers to offer the most intensive services to families with the greatest need; provides families the option of receiving supportive/voluntary services as available where there is a low risk of harm; and engages families in the planning process while producing better outcomes of safety, permanence, and well-being for children.

This section provides information on the laws, policies, and good practice standards regarding the provision of services to families whose children remain in the home and there has been substantiation or a finding services needed. CPS In Home Case Planning and Case Management Services are a legally mandated and integral part of the CPS continuum. It is this phase of CPS that provides the greatest opportunity to prevent the future abuse, neglect, or dependency of a child.

The practice foundation for a continuum of CPS In Home Case Planning and Case Management Services is that families are unique and distinctive, have their own culture and set of norms and all function differently. By using a continuum of services when working with families, social workers can better address risk, support the family and engage families in the process to promote planning and achieve positive change. In using this methodology, the three core outcomes of safety, permanence and well being will be addressed within families with whom we work.

CPS In Home Case Planning and Case Management Services in North Carolina consist of the following core services:

- CPS Case Planning/Case Management (Case Planning/Case Management)
 - Case Planning/Case Management Intensive/High
 - Case Planning/Case Management Moderate
- Family Support (Voluntary Services) provided by the DSS or an agency in the community.

CPS In Home Case Planning and Case Management Services will be provided for children who are reasonable candidates for foster care in the absence of preventive services. Service code 215 applies. Additional funding sources have been opened instead of solely using IV-E. It will be at agency discretion regarding the funding source used for 215 for counties. CPS In Home Case Planning and Case Management Services Intensive/High/or Moderate are the same services, but based on the level of risk certain functions are different. For families whose overall risk rating is intensive or high, the frequency of contact and frequency of CFT meetings are different than for a family with an overall rating of moderate. Intensive, high and moderate overall risk ratings reflect that these children are reasonable candidates for foster care in the absence of preventive services. These continue to be involuntary services because the agency has substantiated or found services needed regarding the child. Families can move from one service to another based on the Risk Re-Assessment.

Low and certain moderate risk families who have non-safety related needs may be offered the voluntary services through DSS, Family Support, Service Code 122. If the family is offered this service and declines, the agency will no longer be involved and would only have the authority to intervene if a new CPS report is received. (These are cases we can walk away from).

Child Well-Being

The Family Strengths and Needs Assessment along with the Risk Re-Assessment and Service Agreement will be completed at certain intervals according to existing policy in Chapter VIII, Section 1412 of the CPS manual or appropriate Administrative Letters. Regardless of whether the overall risk rating is intensive, high or moderate, child well-being needs should be addressed as they are documented on the Family Strengths and

Needs Assessment. As long as involuntary services are being provided, child well-being needs should be documented and addressed.

CPS In Home Case Planning/Case Management Intensive/High (Service Code 215)

If the Initial Risk Assessment documents the overall risk rating to be high or intensive and there are safety issues, the agency will provide CPS In Home Case Planning/Case Management Intensive/High Services.

These services are provided to children and their families, after there has been a substantiation of child abuse or neglect, or a finding of services needed and removal of the child is determined to be a reasonable candidate for foster care in the absence of preventive services. Services include activities such as:

- Monitoring, expanding and updating the In-Home Services Agreement to address identified areas of need
- Routine case supervisory activities
- Maintenance of contact with the family and others significant to the case
- Working with the parents on the status of the case and case goals
- Giving information, instruction, guidance and mentoring regarding parenting skills
- Referral or monitoring of service as appropriate, including referrals to DSS-provided clinical treatment
- Ongoing determination of appropriateness of need for out-of-home placement
- Documentation of Case Planning/Case Management Intensive/High activities

1) Case Contacts for CPS In Home Case Planning/Case Management Intensive/High:

- Weekly face to face contact shall be maintained with the family. This is to ensure the safety of all the children in the home. At a minimum the following requirements shall be in effect:
 - All children substantiated as abused, neglected, or dependent, or identified as services needed and their parents or primary caretakers shall be seen face-to-face 2 times per month.
 - All other children (unsubstantiated or found services recommended or services not recommended) residing in the home shall be seen face-to-face 1 time per month.
 - On off weeks the social worker shall be required to have face-to-face contact with as many significant family members as necessary to ensure the children s safety.

During all visits with any family members, risk and safety issues should be addressed and progress should be discussed. The family s well being needs should also be discussed during these visits, as well as their strengths and needs. Documentation of the visits should include who was seen, where, when, and progress toward meeting the goals of the case plan.

- Two collateral contacts per month with service providers significant to the case: mental health therapist or case manager, school, daycare, Work First, or other professionals working with the family are some examples. These contacts may be made at the Child and Family Team Meeting if the child's safety can be ensured in the process. Documentation should include the identity of the person the social worker talked with, when the conversation took place, and what observations have been made of the family's progress or barriers toward case goals.

Best practice suggests that supervisor-social worker staff meetings may need to be weekly, but this is not a requirement. The SWS and SW shall staff the case frequently enough to ensure the safety of all victim children. Issues to be discussed include, but are not limited to, risk, safety, the family's strengths and needs, and the family's progress.

Once the assessment process accurately reflects reduction of risk, the overall risk factor may be documented as moderate, thereby removing the requirement of weekly contacts and stepping down the case to CPS in home case planning/case management-moderate. It is important to note that the key here is accurate documentation of the family's progress.

Case contacts with family members may not be reduced while the case remains open for CPS In Home Case Planning/Case Management-Intensive/High Services except for the following circumstances. If the child is in a safe, stable placement with a safety resource person, contact with the child may be reduced although the risk rating is still high. If IFPS is in place, these contacts will be documented and shared with in-home services social worker.

Contacts will remain as set forth above until the risk level in the home is reduced.

2) Duties of the Social Worker and Child and Family Team

Please note: The CFT meeting is where decisions are made regarding step down services.

Partnering with the family is vital in the process of identifying areas of need and risk and in developing strategies to reduce and alleviate these factors. The family is its own best resource and possesses intimate knowledge regarding family strengths and potential barriers towards achieving the objectives of their In Home Services Agreement. The social worker and the team's objective is not only to identify and prioritize Needs and Risk factors, but additionally to identify the level of service required to address the family's needs. While many families share similar circumstances, the social worker should make every effort to tailor services that address a family's specific needs, situational or chronic. As the assessment tools, and especially the Family Strengths and

Needs tool, are working documents, they reflect the family's progress, or lack thereof, towards achieving the service agreement objectives.

As soon as possible, but in no longer than (7) seven days following the case decision when the overall risk rating is Intensive/High, the agency is required to meet with the family and to schedule a CFT meeting to be held no later than (30) thirty days after the assessment case decision. In this initial CFT meeting, the family and team members are to identify those factors that document the highest level of risk, review safety issues and identify strengths and needs. This information should be discussed, and a joint strategy adopted to lessen or alleviate concerns. The agency should always partner with the family to identify risk-alleviating objectives. Subsequent team meetings are to be held at the following points during the life of the case:

- Quarterly while the case remains open for CPS in home case planning/case management intensive/high services (or as often as needed to update the service agreement).
- Critical decision points in the case (removal of a child from the home or a change in placement).
- Any time a significant change in the In-Home Services Agreement is needed to ensure the safety of the child.
- Prior to any petition or court action.
- To address the unique characteristics, and possible resolutions, for stuck cases.
- Case closure (when requested by the family or a service provider).

At each quarterly meeting, the team is to convene to discuss what level of progress has been made since the last meeting. If the team determines that the family is showing progress but the risk continues to stay intensive/high, another meeting is scheduled according to the guidelines set forth above. When the team determines that no progress has occurred and risk remains high or intensive, and/or the case has been open for 90 days, the agency should explore the following options:

- Accepted referral to Intensive Family Preservation Services (IFPS) if available
- Petition the Court for adjudication and family compliance
- Petition for Non-Secure Custody
- Due to exceptional situations, extend Case Planning/Case Management Intensive/High Services
- Family initiated placement as a result of the Child and Family Team

The philosophy behind assessing the above options is that the team is making every reasonable effort to address service needs that place children at risk of removal from their family homes. Additionally, the family is supported by the team and is empowered to achieve permanency for the child/ren.

It is imperative that the Risk Re-Assessment, the Family Strengths and Needs Assessment, the Service Agreement are used as working documents in the team meetings.

Note: All Child and Family Team meetings conducted while the case has a High or Intensive risk rating will have a facilitator, except those that involve case closure.

3) Intensive Family Preservation Services (IFPS) (Where available)

The IFPS model provides intensive, in-home crisis intervention services designed to help families with children at imminent risk of being removed from the home. These services are time-limited (a maximum of six weeks) and are characterized by very small caseloads for workers, 24-hour availability of staff, and the provision of services primarily in the child's home. Evaluations of IFPS programs in North Carolina indicate that IFPS is very effective at helping children remain safely in their home.

IFPS should be considered as an option for all cases in which there is a risk rating of high or 'Intensive' risk. When IFPS is chosen as a service delivery option, the following guidelines are to be followed:

- Provide all documentation required by the IFPS program as part of the referral process. This includes all relevant referral information and necessary DSS forms (e.g. 5147, 5231, and 5027). This information should be provided to IFPS programs before they start working with the referred family.
- There must be a rating of intensive or high risk and there has been substantiated or a finding of services needed in the family. Except for any substantiation of abuse. In these cases there must be a risk rating of intensive, high or moderate.
- At least during the time IFPS is involved with the family, the IFPS SW is to be a member of the CFT. This partnering will assist in prioritizing IFPS activities towards addressing the existing high risk factors.
- Contacts by the IFPS SW, during their period of service, can be counted for the individual weekly contacts as long as this purpose is documented. Additionally, the Department of Social Services SW must maintain weekly contact with the IFPS SW and document discussion regarding progress towards case activities. (These contacts can either be over the telephone, via e-mail, or in person). The on going DSS social worker should see the family twice per month while IFPS is involved.
- The IFPS SW is to provide DSS SW with written documentation regarding case objectives per IFPS policy.
- Upon completion of IFPS, the SW will again facilitate a meeting with the IFPS SW (preferably with the CFT) to discuss, with the family, progress achieved towards case objectives. This meeting should occur within (7) days of completion of Intensive Family Preservation Services.

4) Funding and Coding of CPS In Home Case Planning/Case Management-Intensive/High Services

CPS In Home Case Planning/Case Management will be coded on the 5027 and the day sheet (DSS 4263) as 215 services. The possible funding codes for CPS in home case planning/case management will be Z, N, P, R, X, 7, 8, and 9.

Please note: certain funds require specific eligibility criteria and adherence to each funding source is required. All of the intensive and high services can be coded as Z as in the absence of preventive services the children would be reasonable candidates of foster care. Documentation of this is included on the Case Decision Summary/Initial Case Plan (DSS-5228)

5) Completion of CPS In Home Case Planning/Case Management Intensive/High Services

As a family successfully progresses towards achieving their In-Home Family Services Agreement, logically the overall family risk level will lessen. As this process occurs, and the family continues to progress towards achieving service agreement objectives, the goal of the CFT will continue to be to identify service needs, and level of service required to address the family s specific needs.

When a family is assessed and documented to have lowered the overall family risk rating to moderate, which means the Risk Re-Assessment and the Family Strengths and Needs and the Service Agreement document these findings, the family shall be told of their accomplishments. This could best be done as a part of the CFT.

When the overall risk level is assessed and documented as low, the SW should utilize the CFT to offer community-based voluntary services as appropriate. Again the team partners with the family to address well-being issues such as family financial, educational, housing and counseling needs and may offer referral assistance.

The completion of CPS in home case planning/case management intensive/high services will generally result in one of the following actions:

- Transfer to CPS In Home Case Planning/Case Management-Moderate Services
- Referral to Family Support Services
- Placement of the child
- Case closure (Close the 215 service on the DSS-5027)

CPS Case Planning/Case Management-(In-Home Services) Moderate (Service Code 215)

When a child is substantiated as abused, neglected or dependent, or found “services needed”, and the initial risk rating is moderate, they will be provided CPS In Home Case Planning/Case Management-Moderate Services.

These services are provided to children defined as reasonable candidates for foster care and in the absence of preventive services would be in foster care. The purpose of CPS In Home Case Planning/Case Management Moderate is to maintain the safety of the child while helping the parent to modify the harmful behavior that induces risk to the child. To accomplish this, the social worker must continually assess the safety and risk to the child and, should it become necessary, take action to prevent any further harm. Simultaneously, the social worker must actively support the parent's efforts to change and include them with all decision making throughout the life of the in home services.

CPS In Home Case Planning/Case Management-Moderate Services include activities such as:

- Monitoring, expanding and updating the In-Home Family Services Agreement to address identified areas of need
- Routine case supervisory activities
- Maintenance of contact with the family and others significant to the case
- Working with parents on the status of the case and case goals
- Giving information, instruction, guidance and mentoring regarding parenting skills
- Referral or monitoring of service as appropriate, including referrals to DSS-provided clinical treatment
- Ongoing determination of appropriateness of need for out-of-home placement
- Documentation of Case Planning/Case Management Moderate activities

1) Case Contacts for CPS In Home Case Planning/Case Management-Moderate Services

- All children substantiated as abused, neglected, or dependent, or identified as services needed and their parents or primary caretakers shall be seen face-to-face 2 times per month.

During visits with family members, risk and safety issues should be addressed and progress should be discussed. The family's well being needs should also be discussed during these visits, as well as their strengths and needs.

Documentation of the visits should include who was seen, where, when, and progress toward meeting the goals of the case plan.

- Two collateral contacts per month with someone significant to the case: mental health therapist or case manager, school, daycare, family members, Work First or other professionals working with the family. Documentation should include who the social worker talked with, when, and what observations have been made of the family's progress or barriers toward case goals.

- Option to reduce contacts for moderate risk cases is allowable upon Supervisor/social worker discussion of rationale.

Best practice suggests that supervisor social worker staff meetings may need to be monthly, but this is not a requirement. The SWS and SW shall staff the case frequently enough to ensure the safety of all victim children. Issues to be discussed include, but are not limited to, risk, safety, the family's strengths and needs, and the family's progress.

2) Duties of the Social Worker and Child and Family Team

If the Initial Risk Assessment documents the overall risk factor to be moderate, both the agency and family have responsibility and tasks to accomplish to ensure safety and decrease or alleviate risk for the child. As soon as possible, but in no longer than (7) seven days following the case decision when the overall risk rating is Moderate, the agency is required to meet with the family and to schedule a CFT meeting to be held no later than (30) thirty days after the assessment case decision. Subsequent team meetings are to be held quarterly for the life of the case. No meeting is required upon case closure. The purpose of the meetings will be to develop the Service Agreement with the family, identify and build on the strengths of the family and begin the development of the partnership towards positive change.

The team will be used throughout the life of the case, with its membership changing as needed to address risk issues and resource needs. The Risk Re-Assessment and Family Strengths and Needs Assessment and the In-Home Family Services Agreement should be an integral part of the team. They should be updated on at least a quarterly basis.

Note: In cases that have a Moderate risk rating, use of a facilitator during Child and Family Team meetings will be determined by the individual agency based on the requirement to ensure the safety of the child, and the family's service needs.

3). Funding and Coding of CPS In Home Case Planning/Case Management Moderate Services

CPS In Home Case Planning/Case Management Moderate Services will be coded on the 5027 and the day sheet (DSS 4263) as 215 services. The possible funding codes for are Z, N, P, R, X, 7, 8, and 9. Please note: each funding source may have its own individual eligibility criteria and adherence to each funding source is required. For CPS In Home Case Planning/Case Management Moderate Services, the program code Z can continue to be used as long as there is documentation that in the absence of preventive services, the child would be a reasonable candidate for foster care. Documentation of this is included on the Case Decision Summary/Initial Case Plan (DSS-5228)

4) Completion of CPS In Home Case Planning/Case Management Moderate Services

When working with families in CPS In Home Case Planning/Case Management-Moderate Services cases, SW s will complete the Risk Re-Assessment, Family Strengths and Needs Assessment and update the In-Home Family Services Agreement at regularly scheduled times. When a family has been assessed and the risk rating has been lowered, the case can be referred to a community-based agency for non-safety related needs or offered voluntary Family Support Services through DSS. When a family has been assessed and the risk rating has increased to high or intensive, the family will be moved to CPS In Home Case Planning/Case Management-Intensive/High Services.

When the risk of future harm is low and there are no current safety issues, the case should be closed for CPS In Home Case Planning/Case Management Services- Services Code 215 on the DSS-5027. The agency should contact the family by telephone or in writing to notify them of the decision to close their case. A CFT should be held if the family expresses the desire to have one. If the risk is low and the family wants continued services through DSS it will be necessary for them to sign the DSS 5027 for voluntary services.

“Stuck Cases”

At times we will encounter a case that gets stuck. These are situations where the risk remains moderate and the family is not making any progress or simply not cooperating. If there are no high-risk issues present, the following course of actions should occur:

- Discussion between the SW and SW Supervisor or the CFT
- With the Assessment Tools as a guide, evaluate the following issues:
 - *Safety* - Have other reports been received, assessed, and a finding of substantiated or in Need of Services found? Are there current safety issues?
 - *Future Risk*- Using the Risk Re-assessment, what is the risk, in what areas and how does risk affect the children now and since working with them?
 - *Family Strengths/Needs*- Using the Family Strengths and Needs Assessment, what identified family issues remain unaddressed?
- If safety and risk issues warrant, file a petition to have the case adjudicated in Juvenile Court.
- After discussion of the issues it is decided to close the case at moderate risk, all services offered to the family as well as their response and any progress should be documented.
- A letter should be sent to the family notifying them of the closure decision, and indicating that their lack of progress will be considered if future protection issues should arise.

Family Support Services (FSS)-Service Code 122

Family Support Services are community-based services to promote the well-being of children and families. They are designed to increase the family's strengths and stability of to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development. Family Support Services are a group of interrelated assessment, prevention, education or treatment services and activities designed to enhance parents' abilities to become self-sufficient and care for their children. They are also intended to increase children's school performance and behavior; self-esteem and leadership skills. Family and marital relationships, domestic violence, substance abuse, housing, poverty and finances, child-care, juvenile delinquency, mental health; and, physical health and wellness are all areas of potential concentration for these services. By providing these services, rather than focusing on the details of a specific incident, county workers and families focus on the children and families' strengths to address areas of need. County workers then offer to help families meet needs identified during an assessment.

Family Support Services are **voluntary** services and can be provided by the agency, within the agency outside of CPS or in a community agency. They may be offered to families who have been assessed for safety and risk with a resulting risk level of **low** (and some moderate) and the agency can "walk away from this family. These services may be appropriate for families receiving Work First child only services, as well as those providing care to children in a kinship care relationship.

Families for whom these services would not be considered appropriate are those who have identified safety related issues in their situation or who are current recipients of CPS In Home Case Planning/Case Management Services or out of home placement ordered by the Juvenile Court.

Family Support Services are voluntary on the client's behalf in that they may be

- refused upon initial offer by the agency;
- refused and ended at any time during service provision; or
- ended by the client at the conclusion of the service provision.

The client has the right to refuse the services for any reason at any time. The agency can not justify initiating involuntary services or court action based solely upon the client's refusal of services.

FSS may be provided by the Child Welfare unit of the local agency or any other unit or team in the agency which may be more appropriate, such as Work First Family Services. The agency may provide the services directly or connect families with resources in their communities or through their informal support system such as mental health, Family Resource Centers, Domestic Violence Programs or Faith Based Organizations, to name but a few. It is the responsibility of the local agency to organize

itself in the manner to provide the best support possible for the client and to work collaboratively with community agencies to provide informal and community-based services. The services will be provided in coordinated effort with parents, children and community resources.

1) Case Contacts by the DSS provided Family Support Services

Due to the fact that the risk is low in this family, service provision will be considered fluid and loosely structured. This will allow for increased collaboration and ownership of the process on the client's behalf.

Face to face contact with an adult family member will be maintained on a monthly basis. Other family contacts should be utilized as effective and appropriate. When planning contacts the social worker must consider the requirement that case progress be assessed on a quarterly basis. The individual need and availability of the client, and other's important to the case are also important factors to consider when planning case contacts.

2) Duties of the Social Worker and Child and Family Team

If the family accepts FSS, the agency will conduct a thorough intra-agency check to ascertain and identify service providers currently working with the family. If the family is receiving services the agency will then decide which is the most appropriate case manager for completing the assessment. The agency may use the Risk Re-Assessments, Family Strengths and Needs Assessment to assist in planning with the family, which was a part of the CPS intervention.

The case manager will contact the family within seven (7) days and explain the available services and possible providers. This contact may be in any form deemed appropriate and expedient. Best practice methods would suggest that the initial contact is face-to-face but this may not be possible. The social worker should adequately document the contact (or attempts to do so), the discussion of requested service needs and agency services offered, and the client's response. An appointment should be made to further discuss the family's need and agency services and to mutually formulate a plan to meet them. All services provided to the family should be reported on the DSS-5027 and the family should sign for these services.

For each family who receives FSS, a CFT will be recommended. This team could be as small as the appropriate family member(s) and the social worker; but additional members could include members of the family's support network, the social work supervisor, community resource providers and other professionals involved with the family. The premise is that families should be at the center of the planning process.

Service implementation will include convening a CFT meeting for the purpose of conducting a thorough assessment of service needs. The assessment tools completed during the provision of CPS In Home Case Planning/Case Management can be utilized.

This will always be done in cooperation with and full knowledge of the family. The social worker will fully explain the family's rights to make service decisions, privacy and confidentiality, open communication with the agency and other service providers, and record retention and access. The meeting will also be utilized to have the client sign all necessary applications and release of information forms. This form will include information such as client's rights, the necessity of a CPS investigation should any risk to children be suspected, confidentiality, information sharing, and record availability.

An initial mutually agreed upon Family Support Plan will be formulated at this time. (The FSCP, Service Agreement will be used until a standardized Family Support Plan can be developed). The agency will document its activities on the family's behalf along with those of the client or others. This will be signed and dated by all parties/agencies accepting service responsibility and the client. Service provision need not be performed by the agency if another provider is more appropriate or accessible. The agency must maintain its responsibility to either actually provide the services or facilitate their provision through another source.

On-going assessment is perhaps the most critical aspect of supportive services to families in that it is the only method of accurately gauging the situation and molding services to match it. It is recognized that no family or client exists in a vacuum and that if one aspect of a particular situation is altered others are affected. On-going assessment allows all stakeholders to monitor the situation for progress, strengths, needs, and other possible areas of service implications.

The assessment can be documented on the Family Strengths and Needs Assessment tool. It will be conducted as needed but no less often than one time per quarter. It will be done with the client and all applicable stakeholders and service providers. The Family Support Plan should also be updated as necessary but no less than once every quarter.

3) Funding and Coding of Family Support Services-122 (this can also be 395 or 330 or a TANF code)

FSS provided by DSS can be coded on the DSS 5027 and the daysheet (DSS 4263) as 122 services. The possible funding codes for DSS provided FSS are A, K, N, P, R, X, Y, 7, 8 and 9. Adherence to individual eligibility criteria for each funding source should be noted.

4) Completion of Family Support Services

Services will be completed upon the client's request, when clients move out of the agency's jurisdiction, by mutual decision, or by individual determination of the client or the agency. The case may be closed if another agency becomes the primary service provider and assumes case management responsibilities. The agency will communicate in writing with the client within seven (7) days to inform them that the case has been closed and reasons for that decision.

5) County Options

Potential referral sources for FFS include, but are not limited to families who have:

- been reported to the agency as possible abuse/neglect/dependency situations, but screened out for CPS investigations and the CPS reporter's information indicated potential service areas;
- been assessed by agency's CPS unit for the presence of neglect/dependency and unsubstantiated or found not in need of services, yet the family could benefit from the offer of FSS;
- contacted the agency independently to request services due to a non-safety-related issue they recognize to exist in their homes.

Child Placement Activities

When the child needs to come into care team decision making serves an important gate keeping function to ensure that children can remain safely in their own homes with appropriate services. When children cannot be maintained safely in their own homes, it is imperative that the CFT ensure that the birth parents, foster parents, and all service providers are working cooperatively towards a safe, permanent plan for the child.

A CFT meeting must be convened when the social worker and supervisor believe the child cannot be maintained safely in his or her own home under current circumstances.

When convened prior to DSS taking custody of the child, often the meetings can provide a mechanism for the agency to implement safeguards that allow the child to be maintained in his own home or the home of a relative while the agency works with the parents to ameliorate the conditions causing the child to be unsafe.

If a child's immediate safety is threatened, the social worker must ensure the child's safety first, and convene a team meeting as soon as possible (i.e. the next working day).

When the child must be placed out of home, the social worker should gather as much information as possible regarding the child and his needs. Much of this information will already be available if the child is coming into care from an in-home services case. It is imperative that the social worker match the child's known needs and characteristics to the strengths, interests and skills of the placement resource. The primary purpose of the CFT during this critical time in the life of the case is to provide support for the family, and ensure the best possible resources are provided the child and family. The key question for the CFT is which placement resource can best meet the child's needs for safety, permanency, and well-being? If the child must be placed outside the home,

placing the child with a foster parent who has the support of the CFT makes it possible for the child's first placement to be the only placement. Foster parents, and other placement providers, are essential participants in and members of the CFT. They are supervising and caring for the child for 24 hours a day, 7 days a week. This makes their information and input essential to decision-making and service planning.

To ensure safe and timely permanency for the child, the CFT is used throughout the life of his or her case, even up to point the child is adopted and has achieved permanency.

Shared Parenting Meetings

An initial shared parenting meeting during the child's first 7 days of placement out of the home begins to build the relationship that will result in keeping the family of origin actively involved in their role as parents of their child; cultivating a nurturing relationship between the birth parents and the foster parents; and enabling foster parents to become mentors for the birth family regarding appropriate parenting.

The relationship with and interaction between the child's family, the social worker, and the CFT is the most important, essential source of assistance for the family. Research in child welfare has documented that one major factor which positively influences the timely achievement of a safe, permanent home for children is the frequency and quality of social worker contacts with the family. The social worker should view the relationship and contacts with the family as an essential therapeutic intervention, and all contact must be purposeful.

When the child is in out of home care, another essential element promoting timely permanence is the relationship between the birth parents and the foster parents. The CFT becomes an important bridge in building this relationship. Team members will want to help the child's family feel they are an important part of the team and have valuable input in the care of their child. Likewise, the foster parents have much to offer the team and the family. By cultivating a nurturing relationship with the family, the foster parents begin to mentor the birth parents in appropriate practices that help ensure the child's safety and well being. This relationship begins with the foster parents engaging the family very early around issues such as visitation, medical appointments, and transportation. Discussing such issues as favorite foods, toys, even sleep behaviors helps the family remain connected to the routine of child care. Inviting the birth parents to participate in meetings with teachers and health care providers helps establish a continuum of care between the parents and the child, and provides the social worker with opportunities to monitor the progress being made by the parents.

The assignment of the social worker responsible for organizing and conducting the shared parenting meeting is at the discretion of the agency. It is suggested that the assigned placement social worker co-facilitate the meeting. Agencies should try this meeting using foster parents who seem comfortable with developing a close relationship with birth parents. Its purpose is to begin to establish positive relationships between the child's birth and foster parents. It will provide the birth parents the opportunity to share

what they know their child's needs are with those who will be providing foster care. Its intent is also to provide the first, and best, opportunity to plan for visitation and contact between the birth parents and their child, and initiate the case planning process. It must be very clear that this meeting is not to rehash family history or assign blame. Ground rules must be clearly established that it is about the child and how his needs can be met through a relationship between his birth and foster parents.

Regardless of whether providing in-home services or services to families and children in out of home placements, a key point that social workers and their supervisors must always remember is that productive relationships with birth families, foster parents and service providers do not just happen. Social workers must assertively plan, implement and manage such relationships on behalf of the family.

Utilizing biological family members during MAPP/GPS training to address prospective foster parents may strengthen the relationship between foster parents and families of origin.

The family's Child and Family Team Meeting may also serve as a shared parenting meeting during the provision of in-home non-custody cases.

Note: There is no statutory authority to make changes related to child placement services that are governed by current law, rule, policy and standard.

The CFT meeting may also serve as the agency's PPAT meeting as long as it carries out the PPAT's function in the case. To ensure the permanency of the child the CFT is used throughout the life of his or her case, up to point the child is adopted and has achieved permanency.

Attachment 1: ADMINISTRATIVE LETTER Family Support and Child Welfare Services #04-03

TO: COUNTY DIRECTORS OF SOCIAL SERVICES

SUBJECT: 2003 LEGISLATIVE CHANGES IMPACTING COUNTY DSS POLICY AND PRACTICE

DATE: August 5, 2003

EFFECTIVE DATE: Various Dates as Indicated

ATTENTION: Children's Services Social Workers
Children's Services Supervisors

This administrative letter is to provide information regarding legislative actions during the 2003 session that impact Family Support and Child Welfare Services. New legislation as well as substantive clarifying changes to existing legislation is outlined. Information outlining legislation primarily addressing child care and domestic violence is provided. The effective dates of these laws vary.

The following laws can be accessed through the website of the North Carolina General Assembly at:

<http://www.ncga.state.nc.us/homePage.pl>

1. (SB 421) An Act to Clarify and Make Technical Corrections to the Child Welfare Laws and to Enhance the State's Ability to Protect Children.
2. (HB 126) An Act to Clarify the Law Governing Evidence Admissible in Certain Juvenile Hearings
3. (HB 1048) An Act to Make Revisions to the Juvenile Code as Recommended by the North Carolina Juvenile Court Improvement Project
4. (HB 925) An Act to Allow County Appeal in Juvenile Pay Order Cases
5. (H1063) An Act to Require Operators of Child Care Facilities to Provide to Parents The Division of Child Development's Summary of the Laws Relating to Child Care Facilities, to Require The Division of Child Development to Include in its Summary a Statement on how Parents may Obtain Information on Individual Child Care Facilities, and to Require Child Care Facilities to Post the Summary in a Prominent Place
6. (SB 877) An Act to Enhance Penalties for Violations of the Child Care Facilities Act
7. (HB 152) An Act to Require Child Care Facilities to Develop and Maintain a Safe Sleep Policy that Includes Requiring Caregivers to Place Children on Their Back to Sleep to Reduce the Risk of Sudden Infant Death Syndrome (SIDS), and to Require Certain Agencies and the Medical Community to Cooperate in Investigating Reports of Child Abuse and Neglect in Child Care Facilities

8. (SB 226) An Act to Prohibit the Administration of Medication to a Child in a Licensed or Unlicensed Child Care Facility Without Proper Authorization From the Child's Parent or Guardian
9. (HB 926) An Act to Enhance the Penalty for an Assault in the Presence of a Minor
10. (S630) An Act to Clarify the Definition of a Protective Order Under the Laws Relating to Domestic Violence
11. (SB 919) An Act to Enhance the Safety of Victims in Serious Domestic Violence Cases
12. (SB 439) An Act Making Omnibus Changes to the Employment Security Laws of North Carolina

Attached is information and guidelines regarding implementation. Substantive and clarifying changes for child welfare services in Chapter 7B are made in SB 421; these changes became effective July 4, 2003. The authority to continue and expand Multiple Response System (MRS) implementation was granted through special provisions language in House Bill 397.

The North Carolina Supreme Court's Stumbo case decision filed July 16, 2003 prompted the Division to request further interpretation from the Attorney General's office. The Stumbo case decision reiterates the importance of obtaining thorough, comprehensive information at Intake. Utilization of Strengths Based Structured Intake provides a mechanism for ensuring that all reports are screened consistently and that reporters are questioned exhaustively regarding their knowledge of the alleged abuse, neglect, or dependency. In those instances when a reporter has minimal information, your screening decision is contingent upon whether that minimal information, if true, meets the legal definitions of abuse, neglect, or dependency. For example, if all efforts to solicit information from the reporter produce a report consisting of only one sentence, that one sentence must be evaluated to determine whether that information, if true, meets the legal definitions of abuse, neglect, or dependency. If the information provided by the reporter does not clearly meet the definitions provided in the statutes relating to abuse, neglect, or dependency, there is not a valid CPS report and there is no authority to intervene in the family's life.

Please contact your Children's Program Representative or the Work First/CPS Policy Team at (919) 733-4622 if you have questions about this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "JoAnn Lamm", with a stylized, flowing script.

JoAnn Lamm, Program Administrator
Family Support and Child Welfare Services

JL: cb

cc: Sherry S. Bradsher
Pheon Beal
Family Support and Child Welfare Team Leaders
Children s Program Representatives

Attachment 2: N.C. SESSION LAW 2003-304 (SB 421)

This law makes clarifying and substantive changes to Chapter 7B. All changes are effective July 4, 2003 and apply to actions commenced on or after that date.

Investigation by director; access to confidential information; notification of person making the report Change in Law: 7B-302

This addition to the statute specifies that the director or director's designee may not enter a private residence for investigation purposes without at least one of the following:

- The reasonable belief that a juvenile is in imminent danger of death or serious physical injury.
- The permission of the parent of person responsible for the juvenile's care.
- The accompaniment of a law enforcement officer who has legal authority to enter the residence.
- An order from a court of competent jurisdiction.

Policy Interpretation

This legislation does not change our practice. Social worker visits in the home remain an integral part of our practice. Obtaining permission to enter a residence to begin conducting an investigation or assessment is consistent with family centered practice principles. It is important to note that past practice indicates most parents have given permission to enter their residence, and many parents will continue to give that permission. In order to provide services that are family-centered and begin your investigative assessment, obtaining permission to enter the residence becomes a primary concern. You have obtained permission to enter the residence if you have either of the following:

- Permission to enter the residence from the parent
- Permission from a caregiver aged 18 or older

A child is not able to give permission to enter the residence. A minor sibling caring for another child is not able to give permission to enter the residence. A minor parent is able to give permission to enter the residence when the report involves that minor parent as the alleged perpetrator and their child as the alleged victim child. In situations where the minor parent is also an alleged victim child, that minor parent's permission to enter is not sufficient. If there is not a parent or adult caregiver present to give permission for entry, your visit must be postponed until you are able to obtain that permission. Exceptions to this would be a situation where the juvenile is in imminent danger of death or serious physical injury, entrance in conjunction with a law enforcement officer, or entrance by a court order. In those instances when the parent does not give permission, it is not advisable to try to convince the parent to give their permission, as this could be considered coercive.

The use of family-centered principles is important; partnering with the family is the goal. Your approach to partnering with the family matters you are not there to catch the family doing something wrong, you are there to provide services to ensure the child and family's safety and well-being. It is crucial to explain your role, the nature of the report and your legal responsibility to make a prompt and thorough investigation. While providing on-going services including case planning case management services, placement services, and all other child welfare services, ask the parent if they are willing to give you permission to enter the home on a regular basis and document their statement regarding that permission.

If the investigative assessment indicates the need to take pictures of injuries while in the family's residence, you need the parent's permission to take those pictures. This legislation does not impact our ability to interview children at schools or child care centers, as neither are private residences.

If during the course of the investigative assessment, or at any point during service provision it becomes necessary to pursue an obstruction order, it is recommended that all of the facts regarding efforts to ensure safety are provided to the judge.

Attachment 3: ADMINISTRATIVE LETTER Family Support and Child Welfare Services #08-05

TO: COUNTY DIRECTORS OF SOCIAL SERVICES

SUBJECT: 2005 FAMILY SUPPORT AND CHILD WELFARE LEGISLATIVE
CHANGES

DATE: September 28, 2005

EFFECTIVE DATE: Various Dates as Indicated

ATTENTION: Work First and Children's Services Program Managers, Supervisors, and
Social Workers

This administrative letter is to provide information regarding legislative actions during the 2005 session that impact the state-wide implementation of the Multiple Response System (MRS), Work First, Child Welfare, Adoption and Foster Care. New legislation as well as substantive clarifying changes to existing legislation is outlined. The effective dates of these laws vary and are indicated below.

It is important to remember that individual counties may not begin assigning reports to the family assessment response until the social workers conducting them have received the required MRS policy and Cornerstones 3A training. We encourage you not to begin conducting family assessments until after the first of the new year, even if your agency has staff that have received the required training.

There have been several changes that affect Foster Care and Adoption policy. Requirements for criminal background checks have been expanded, an additional grounds for terminating parental rights has been added, adoption procedures have been streamlined, juvenile court procedures have been clarified and expedited, and child custody and guardianship jurisdiction has been clarified.

The General Assembly has approved the North Carolina Temporary Assistance for Needy Families (TANF) State Plan for the period of October 1, 2005 through September 30, 2007. Minimal changes were made to the TANF State Plan for this biennium.

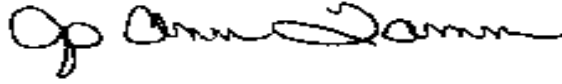
The statutes can be accessed through the North Carolina General Assembly's website at: <http://www.ncga.state.nc.us/homePage.pl>

2005 Legislative Changes that Impact DSS Policy and Practice

<u>Legislation</u>	<u>Description</u>	<u>Effective</u>
S622 (SL 2005-276)	Enacted Budget http://www.ncga.state.nc.us/Sessions/2005/Bills/Senate/PDF/S622v9.pdf	7/1/05
H 277 (SL 2005-55)	Establish Child Assessment http://www.ncleg.net/Sessions/2005/Bills/House/HTML/H277v4.html	10/1/05
H 451 (SL 2005-114)	Adoptive Families DHHS/ Criminal Checks http://www.ncleg.net/Sessions/2005/Bills/House/HTML/H451v5.html	6/24/05
H 97 (SL 2005-146)	Terminate the rights of parent/ murder parent http://www.ncleg.net/Sessions/2005/Bills/House/HTML/H97v4.html	6/30/05
H 532 (SL 2005-166)	Adjust Adoption Procedure http://www.ncleg.net/Sessions/2005/Bills/House/HTML/H532v4.html	10/1/05
H 806 (SL 2005-167)	Mediation Amendment http://www.ncleg.net/Sessions/2005/Bills/Senate/HTML/S806v4.html	7/7/05
H 1221 (SL 2005-228)	Parenting Coordinator / DV http://www.ncga.state.nc.us/Sessions/2005/Bills/House/HTML/H1221v7.html	10/1/05
H 1209 (SL 2005-130)	Sex. Battery / Sex Of. Registry http://www.ncga.state.nc.us/Sessions/2005/Bills/House/HTML/H1209v4.html	12/1/05
S 776 (SL 2005-226)	Amend Indecent Exposure Law http://www.ncga.state.nc.us/Sessions/2005/Bills/Senate/HTML/S776v6.html	12/1/05
S 1048 (SL 2005-414)	Identify Theft Protection Act http://www.ncga.state.nc.us/Sessions/2005/Bills/Senate/HTML/S1048v5.html	12/1/05
H 661 (SL 2005-399)	Responsible Inv. Expunction Process http://www.ncleg.net/Sessions/2005/Bills/House/HTML/H661v4.html	10/1/05
H 801 (SL 2005-320)	Child Custody/ guardianship http://www.ncleg.net/Sessions/2005/Bills/House/HTML/H801v2.html	10/1/05
H 1150 (SL 2005-398)	Expedite Juv. Court http://www.ncleg.net/Sessions/2005/Bills/House/HTML/H1150v2.html	10/1/05

Please contact your Work First Program Representative, Children s Program Representative or the Work First and CPS Policy Team at (919) 733-4622 if you have questions about this letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jo Ann Lamm', with a stylized, cursive script.

Jo Ann Lamm, Section Chief
Family Support and Child Welfare Services

JAL/ ttr

cc: Pheon Beal
Sherry S. Bradsher
Sarah Barham
Local Business Liaisons
Family Support and Child Welfare Team Leaders
Children s Program Representatives
Work First Program Representatives